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	Substitute for form 1449/PTO	Complete if Known		
		Application Number		
	INFORMATION DISCLOSURE	Filing Date		
		First Named Inventor	YOSHIFUMI NISHIDA	
	STATEMENT BY APPLICANT	Art Unit	_	
	(Use as many sheets as necessary)	Examiner Name		
$\overline{\ }$	Sheet 1 of 1	Attorney Docket Number	SON5180.40A1	

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	Γ
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	MM-DD-YYYY	.,	Or Relevant Figures Appear	T°
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